

State of New Hampshire 2012 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80. REPORT DUE BY April 1, 2012

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Date Filed: 04/06/2012

Filed

Business ID: 495175

William M. Gardner

Secretary of State

The new principal office address PO Box is acceptable. MANAGERS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT NAME NAME NAME MULTISTAT LEAST ONE MEMBER BELOW IF NO MANAGERS NAME NAME MULTISTATION HOLDING COLOR	Ravago Americas LLC 1900 Summit Tower Blvd, Suite 900 Orlando, FL 32810 ENTITY TYPE: LLC BUSINESS ID: 495175 STATE OF DOMICILE: DELAWARE ADMINISTRATIVE SERVICES If changing the mailing or principal office address, please che		heck the appr	ADDRESS OF PRINCIPAL OFFICE: 1900 Summit Tower Blvd, Suite 900 Orlando, FL 32810 REGISTERED AGENT AND OFFICE: Lawyers Incorporating Service DBA LAWYERS INC SERVICE 14 CENTRE ST CONCORD, NH 03301		
MANAGERS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LISTATLEAST ONE MANAGER BELOW OR MEMBER ON RIGHT NAME NAME STREET CITY/STATE/ZIP NAME STREE	2	The new mailing address				
MANAGERS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT NAME STREET CITY/STATE/ZIP NAME STREET						
NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT NAME NAME STREET CITY/STATE/ZIP NAME STREET CITY	24.					
To be signed by the manager, if no manager, must be signed by a member. I, the undersigned, do hereby certify that the statements on this eport are true to the best of my information, knowledge and belief. Sign here:	3	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT NAME STREET CITY/STATE/ZIP NAME	NAME STREET CITY/STA NAME STREET CITY/STA NAME STREET CITY/STA NAME STREET CITY/STA NAME	AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LISTATLEAST ONE MEMBER BELOW IF NO MANAGERS MURHISTEIN Holding COXP.: 1900 Summit Town Plvd Str 900 ATE/ZIP Orlando, FL 32810 ATE/ZIP		
	4	To be signed by the manager, if no manager, must be signed by a member. I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief. Sign here: Please print name and title of signer: To be signed by the manager, if no manager, must be signed by a member. I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.				

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE